

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/27/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/07/2021
NAME OF PROVIDER OR SUPPLIER  MAPLE HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE  2 SUNRISE AVENUE MAPLETON, IA 51034	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 000	INITIAL COMMENTS  SB A recertification health survey was completed 10/4-7/21 and resulted in the following deficiency.  (See Code of Federal Regulations (45CFR) Part 483, Subpart B -C).		F 000	
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the		F 656	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ADMINISTRATOR 11-1-2021

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 656	<p>Continued From page 1</p> <p>resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to develop a care plan to address respiratory deficits, goals and interventions for 2 of 5 residents reviewed for comprehensive care plans ( Resident # 29 and Resident #35). The facility reported a census of 39 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated 09/03/21 for Resident #29, identified a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. The MDS identified the resident as requiring extensive assistance with the physical assistance of 1 staff with transfers, bed mobility, locomotion, dressing, toileting and personal hygiene. The MDS revealed the resident as unsteady and required the assistance of 1 to stabilize. The resident required a walker or wheelchair. The MDS identified the resident with diagnoses that included: anemia, heart failure, peripheral vascular disease, renal insufficiency, chronic obstructive pulmonary disease (COPD) ( lung diseases that block airflow and make it</p>	F 656		

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F 656	<p><b>Continued From page 2</b></p> <p>difficult to breathe) and respiratory failure (condition where blood does not carry enough oxygen). The resident required oxygen therapy. A Physician order dated 08/27/21 directed the resident to receive oxygen at 2-4 liters continuous.</p> <p>A care plan dated 09/16/21, lacked any documentation addressing the resident's chronic respiratory diseases or breathing deficits.</p> <p>On 10/06/21 at 3:30 PM, the DON reviewed the care plan and stated she expected the comprehensive care plan to address the resident's chronic respiratory diseases. The DON made a signed notation on the resident's care plan, dated 10/06/21, that the resident utilized continuous O2 (oxygen) therapy.</p> <p>2. The MDS for Resident # 35, dated 09/16/21 assessed a BIMs score of 9, indicating moderately impaired cognition. The MDS identified the resident to require extensive assistance with the physical assist of 1 staff with transfers, bed mobility, locomotion, dressing, toileting and personal hygiene. The MDS identified the resident as unsteady and only able to stable with the assistance of staff. The resident required a walker or wheelchair for mobility. The MDS identified the resident with diagnoses that included: heart failure, dementia and COPD. The resident utilized oxygen therapy for low oxygen levels. A physician's order dated 04/30/21, directed the resident to receive oxygen at 2-4 liters for low oxygen levels.</p> <p>A care plan dated 10/05/21, lacked any documentation addressing the resident's chronic respiratory diseases or breathing deficits.</p>	F 656		

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F 656	<p>Continued From page 3</p> <p>On 10/06/21 at 3:10 PM, the DON reviewed the care plan and stated she expected the comprehensive care plan to address the resident's chronic respiratory diseases.</p> <p>On 10/06/21 at 03:20 PM, when asked to provide a policy the DON stated the facility did not have an oxygen policy; adding that the facility did not have a lot of policies. The DON stated the facility follows professional standards. When asked where staff go to look for professional standards, the DON did not give an answer.</p>	F 656		

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for these deficiencies were executed solely because provisions and state and federal law require it.

F656 Completion Date: 11/03/2021

1. Resident #29 care plan updated 10/06/2021.
2. Resident #35 care plan updated 10/07/2021.
3. All other residents care plans audited by 11/03/2021 regarding oxygen/respiratory therapy.
4. Staff has been instructed and trained to carry over oxygen/respiratory therapy orders on care plans.
5. As Maple Heights ongoing commitment quality care, the DON/QA Nurse will audit care plans for the next three months. Findings will be brought to QUAPI for review and determine to continue or discontinue audit.

Correction: November 3, 2021